

They Know Covid “vaccines” Kill and They Are Still Marketing Them



Dylan Eleven

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The screenshot shows the PubMed interface for a systematic review. The header includes the NIH logo and the text 'National Library of Medicine National Center for Biotechnology Information'. Below this is the PubMed logo and a search bar. The article title is 'Adverse events following COVID-19 mRNA vaccines: A systematic review of cardiovascular complication, thrombosis, and thrombocytopenia'. The authors listed are Farah Yasmin¹, Hala Najeeb¹, Unaiza Naeem¹, Abdul Moeed¹, Abdul Raafe Atif¹, Muhammad Sohaib Asghar², Nayef Nimri³, Maryam Saleem³, Dhrubajyoti Bandyopadhyay⁴, Chayakrit Krittanawong⁵, Mohammed Mahmoud Fadelallah Eljack⁶, Muhammad Junaid Tahir⁷, and Fahad Waqar³. The article is categorized as a 'Review' and is from 'Immun Inflamm Dis. 2023 Mar;11(3):e807. doi: 10.1002/iid3.807.' To the right of the article information, there are five figure thumbnails: Figure 1 PRISMA flow chart of studies..., Figure 2 Cardiac and vascular events observed..., Figure 3 Cardiac and vascular events observed..., Figure 4 Treatment options of cardiovascular..., and Figure 5 Treatment options of cardiovascular... The article's PMID is 36988252, PMCID is PMC10022421, and DOI is 10.1002/iid3.807.

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**Adverse events following COVID-19 mRNA vaccines:
A systematic review of cardiovascular complication,
thrombosis, and thrombocytopenia**

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Figure 1 PRISMA flow chart of studies...
Figure 2 Cardiac and vascular events observed...
Figure 3 Cardiac and vascular events observed...
Figure 4 Treatment options of cardiovascular...
Figure 5 Treatment options of cardiovascular...

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I'm told the study is being held back from journal publication.

**Adverse events following COVID-19 mRNA vaccines: A
systematic review of cardiovascular complication,**

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“Adverse events following COVID-19 mRNA vaccines: A systematic review of cardiovascular complication, thrombosis, and thrombocytopenia” — PubMed ([nih.gov](https://pubmed.ncbi.nlm.nih.gov/))

The Study:

Background and objectives: Since publishing successful clinical trial results of mRNA coronavirus disease 2019 (COVID-19) vaccines in December 2020, multiple reports have arisen about cardiovascular complications following the mRNA vaccination. This study provides an in-depth account of various cardiovascular adverse events reported after the mRNA vaccines' first or second dose including pericarditis/myopericarditis, myocarditis, hypotension, hypertension, arrhythmia, cardiogenic shock, stroke, myocardial infarction/STEMI, intracranial hemorrhage, thrombosis (deep vein thrombosis, cerebral venous thrombosis, arterial or venous thrombotic events, portal vein thrombosis, coronary thrombosis, microvascular small bowel thrombosis), and pulmonary embolism.

Methods: A systematic review of original studies reporting confirmed cardiovascular manifestations post-mRNA COVID-19 vaccination was performed. Following the PRISMA guidelines, electronic databases (PubMed, PMC NCBI, and Cochrane Library) were searched until January 2022. Baseline characteristics of patients and disease outcomes were extracted from relevant studies.

Results: A total of 81 articles analyzed confirmed cardiovascular complications post-COVID-19 mRNA vaccines in 17,636 individuals and reported 284 deaths with any mRNA vaccine. Of 17,636 cardiovascular events with any mRNA vaccine, 17,192 were observed with the BNT162b2 (Pfizer-BioNTech) vaccine, 444 events with mRNA-1273 (Moderna). Thrombosis was frequently reported with any mRNA vaccine ($n = 13,936$), followed by stroke ($n = 758$), myocarditis ($n = 511$), myocardial infarction ($n = 377$), pulmonary embolism ($n = 301$), and arrhythmia ($n = 254$). Stratifying the results by vaccine type showed that thrombosis (80.8%) was common in the BNT162b2 cohort, while stroke (39.9%) was common with mRNA-1273 for any dose. The time between the vaccination dosage and the first symptom onset averaged 5.6 and 4.8 days with the mRNA-1273 vaccine and BNT162b2, respectively. The mRNA-1273 cohort reported

56 deaths compared to the 228 with BNT162b2, while the rest were discharged or transferred to the ICU.

On his Substack, Dr.

Peter McCullough, MD

, commenting on the study, writes: “Keep in mind usually [less than] 50 deaths with a widely used, novel product prompts a worldwide recall. To have 284 well described deaths as a result of cardiovascular and or thrombotic complications is a striking finding in the medical literature for products that are still on the market and promoted by public health agencies all over the world.”

In 1976, with 25% of the US population vaccinated against the supposed Fort Dix Swine Flu, and 32 deaths as result of the vaccine—the 32 figure was no doubt disputed as “too high” by the CDC at the time—the entire vaccination program was halted and canceled.

Traditional medical thinking on vaccine-related deaths used to be: If we see a few deaths, it means there are many more we aren't seeing.

Not now.

Now it's: shove the injection into as many arms as possible, hide the injuries and deaths to the greatest possible extent, keep claiming the vaccine is safe and effective, and censor counter-information. If possible, mandate the vaccine.

Today, most doctors realize they're really working for the pharmaceutical industry, which in turn controls the news and colludes with the federal government to push as many drugs and vaccines as possible on the public. These doctors don't ask questions. They scrap their Oath to first do no harm, and they collect paychecks.

Injuries and deaths as a result of their products are ignored. By them, the doctors.

You can call this crony capitalism or medicine through socialism. It doesn't matter what you call it.

It's murder.

Study Source: <https://pubmed.ncbi.nlm.nih.gov/36988252/>

Source [JonRappoport.substack](#).

Source: <https://www.lewrockwell.com/2023/11/jon-rappoport/new-study-death-following-covid-vaccination/>

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